

REQUEST FORM FOR J-1 EXCHANGE VISITOR

Indicate here if the visitor is currently in J-1 status and will be transferring to UVA.

Submit this request to ISO no less than 45 days before the proposed start date requested below.

Applicants must have attained the equivalent of a Bachelor's degree to be eligible.

Send completed form with required documents to ISO at PO Box 400165.

A. Biographical Information

Last (Sur)name: _____

First (Given)Name: _____

Middle Name: _____

Male Female Date of Birth (MM/DD/YY): _____

City of Birth: _____ Country of Birth: _____

Country of Citizenship: _____

Country of Legal Permanent Residence: _____

Position or Title Abroad: _____

(e.g. graduate student, Professor, etc)

Email address: _____

This visitor will be accompanied by dependent family members (Complete and attach J-2 dependent request form and passport copies for dependents)

B. UVa Host Department Information

Host Department: _____

UVa Faculty Host: _____ e-mail _____

Department Administrator: _____ e-mail _____

Program Start Date: _____ End Date: _____

** Program start date should be the date the visitor begins research activities at the University NOT the date he or she will enter the country. J-1 visa holders are allowed to enter the U.S. up to 30 days in advance of the start date listed on their DS-2019 form.

Periods of 6 months or less will limit scholars to the "short-term scholar" category without the possibility of extending the program beyond a 6 month maximum duration. **If there is a possibility that the department may want to extend the program beyond the 6 month limit please check this box.**

UVa Title or Position: _____

C. Funding Information

Minimum funding to sponsor a J-1 visitor is \$1,550 per month. If accompanied by J-2 dependents the additional amount required is \$500 per month for each dependent. If funding will come from any source OTHER THAN UVA attach supporting documentation. Evidence can include a bank statement and/or an award letter (in English) from the funding source. Please indicate total funding available for the duration of the exchange visitor's program. All currency should be converted to U.S. dollars.

| | |
|--|--|
| Amount from UVA host department | |
| If UVA funding please indicate PTAO | |
| Amount from US government | |
| Amount from visitor's home government | |
| Amount from visitor's home institution | |
| Amount from visitor's personal funds | |
| Other (please specify): | |
| Total: | |

D. Insurance Information

All J-1 and J-2 visitors must maintain medical insurance for the full duration of their program. If the J-1 will be eligible for the insurance provided as part of UVA's employee benefit package the employment start date should be the first of the month to ensure compliance with the coverage requirement.

Will the visitor be eligible for UVA's employee benefits package? yes no

E. English Language Proficiency

All J-1 visitors are required to have sufficient English language proficiency to participate in his or her program and function in the U.S. on a day to day basis. The U.S. government requires an objective measure of proficiency. Please indicate below how language proficiency has been determined:

- Native English speaker
- Obtained degree from an institution with English as the language of instruction (attach copy of transcript or diploma)
- Recognized English language exam (attach exam results through either TOEFL or IELTS)
- Attestation of proficiency from academic institution or English language school. (attach documentation)
- Personal interview either in person or by video-conference – please have the interviewer sign below.

I verify that I conducted an interview of the J-1 applicant either in person, by videoconference, or by telephone if videoconference was not a viable option and have found his or her English language proficient enough to participate in the proposed J-1 program and function on a day to day basis in the United States.

Name (Please print): _____

Signature: _____ Date: _____

Scholar Name: _____

F. Required Attachments

1. Photocopy of passport ID page
2. Copy of invitation or offer letter furnished to the J-1 visitor
3. Brief description of the J-1 visitors planned program activities
4. The J-1 Visitor's CV
5. Supporting documentation for proof of funding
6. Supporting documentation for English language proficiency (if applicable)
7. Incidental Patient Contact form (if applicable)

G. PV-ISO Visiting Scholar Fee

The University of Virginia through its International Studies Office assesses an internal processing fee for issuance of each J-1 and J-2 document. The department will be charged \$160 for each applicant. Please provide the appropriate departmental PTAO for the processing fee. It is the owning department's responsibility to confirm this expense is allowable on the assigned PTAO:

| PTAO | Applicant(s) | |
|------|---------------------|--|
| | J-1 (\$160) | |
| | J-2 (x \$160) | |
| | Total = | |

By signing you authorize the ISO to effect a cost transfer in the amount listed above from the PTAO provided:

Fiscal Technician: _____

H. Host Department and Dean's Office Signatures

| Signatory | Name | Signature | Date |
|-----------------|------|-----------|------|
| Host Dept Chair | | | |
| Other: | | | |

The visa packet will be returned to the department for mailing to the visiting scholar. The packet should be sent using an Express Mail service (DHL, Fed Ex). The visa document CANNOT be sent electronically per US government regulations.

Check here if you prefer to pick up the packet

Name: _____

e-mail: _____

Check here if you would like the packet returned to the department via messenger mail and indicate to whom it should be sent

Name: _____

PO Box: _____